study are insufficient to state whether the risk of stent thrombosis is higher after crush stenting technique. To reduce the risk of thrombotic events, a more liberal use of glycoprotein IIb/IIIa inhibitors should be considered.[1 15] Furthermore, strict adherence to dual antiplatelet treatment is necessary.[16]

Limitations

The present study had some limitations. Firstly, it was a retrospective study with a small sample size. The choice of stenting strategy and the decision to use kissing balloon post-dilatation were at the operator's discretion and were non-randomised. Secondly, not all patients underwent angiographic follow up. Thirdly, we are not completely certain whether all the restenotic lesions located at the ostium of the side branch were functionally important; for some of them a severe angiographic stenosis may have been considered sufficient for a repeat intervention. Despite these limitations, the efficacy of kissing balloon post-dilatation in reducing the rate of side branch restenosis appears clear and the two groups were very similar in terms of baseline characteristics.

Conclusions

In non-selected bifurcation lesions treated with DES, the restenosis rate remains relatively high in the side branch. Compared with the T stenting technique, crush stenting with kissing balloon post-dilatation is associated with a low rate of restenosis in the side branch. Kissing balloon post-dilatation is mandatory when this technique is used.

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